

Name in Full

Certificate of Death

Elizabeth Adkins

Town

County

Died at

MARYLAND

Josiah Adkins
 Triconico
 Date 1902 3 22 Age 84-1
 Native of Maryland Occupation

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

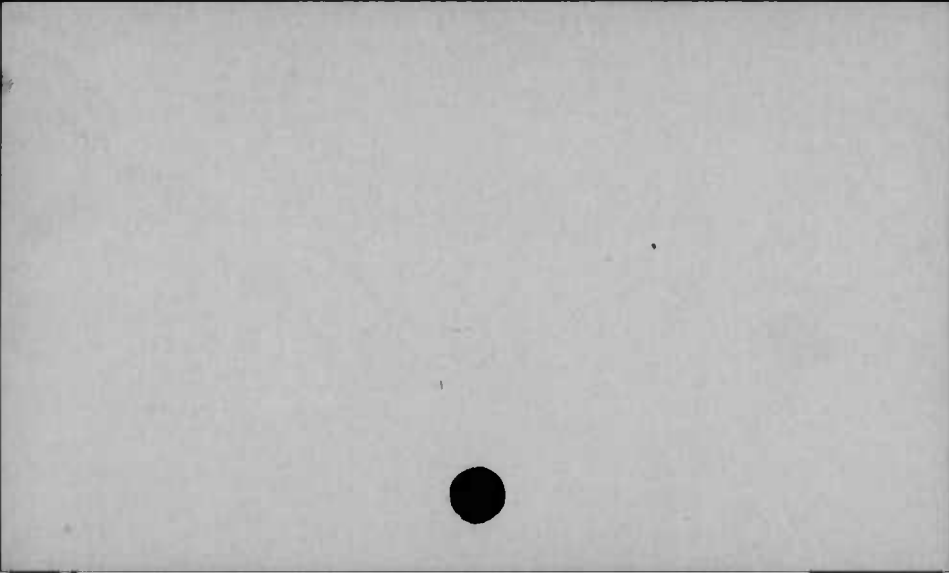
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY MORGAN: 8888



No name

Town

County

MARYLAND

Died at *Frederick**unincorporated*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 190*9**Nov.*

Age

*- 6 -**unincorporated**Infant*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife of

Father's

Mother's

Name

Jahen Anderson

Maiden Name

Cause of

Primary

Death

Immediate

Dysentery

How long sick

1 week

Accident, Suicide, Homicide

Reported by

Louis W. Morris M.D.

Address

Beltsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *Harry Brown* Town *Waco* County *Waco* MARYLAND

Date 19 *01* *March* Month *17* Day Y. *—* M. *10* D. *—* Native of *—* Occupation *—*

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ Colored Single ~~Widower~~ Number of children living *—*

~~Husband~~
 of ~~Wife~~

Father's Name *James Brown* Mother's Maiden Name *Larimer*

Cause of Death { Primary *Feeling* Immediate *105* How long sick *105*

~~Accident, Suicide, Homicide~~

Reported by *C. G. Hussick* Undertaker *—*

Address *—*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Annie M. Cantwell

Died at

Town
SalisburyCounty
Accomaco

MARYLAND

Date 19 02

Month Day
March 23

Age

Y. M. D.
2-10

Native of

Md

Occupation

none

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's
Name

Isaac M. Cantwell

Mother's

Maiden Name

Annie M. Campbell

Cause of

Primary

Suffered Suffocation

How long sick

Death

Immediate

Accident, ~~Suicide~~, Homicide

Reported by

174 Geo. W. Todd

Address

Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Etha Dennis

Town

County

Died at

Allen

Wicomico

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

3 14

Age

65

Md

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

William Dennis

Mother's
Name

Lizzie Dennis

Cause of

Primary

How long sick

Death

Immediate

Heart Trouble 79

Accident, Suicide, Homicide

Reported by

E. A. Dennis Undertaker

Address

Maryland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968



Name In Full

Certificate of Death

Lincoln Garfield Gnagey

Town

County

Died at

Salisbury

Wicomico

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Mar

14

Age

16

5

12

Md

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Jonas E Gnagey

Mother's

Maiden Name

Lizzie Swanger

Cause of

Primary

Pneumonia

How long sick

10 days

Death

Immediate

Asphyxia

Q3

Accident, Suicide, Homicide

Reported by

Louis Williams, M.D.

Address

Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Leah Hopkins

Town

County

Died at

near Helton

Wicomico

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3 29

Age

70

Maryland

Servant

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living 3

~~Husband~~ of

Wife

Father's

Name

Eben Haller

Mother's

Maiden Name

Jennie Haller

Cause of

Primary

Fatty Heart

How long sick

Several weeks

Death

Immediate

Some heart trouble

~~Accident, Suicide, Homicide~~

Reported by

Gen. H. Todd

Address

Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Nathaniel Howard

Town

County

Died at

Salisbury

Wicomico

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mar 8

Age

1 6 14

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Harry Henry

Mother's

Maiden Name

Bessie Howard

Cause of

Primary

no doctor, some heart trouble 2 days

How long sick

Death

Immediate

Spasms

Accident, Suicide, Homicide

Reported by

B. C. Hallaway & Co Undertakers

Address

Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Robert W. Howard

Town

County

Died at near Wardela Wisconsin Co

MARYLAND

Date 189 8 3 28 Age 63 Native of Wisconsin Occupation Farming
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 3

Husband of Harry E. Goslee
 Wife
 Father's Name Noah, Howard

Mother's

Name

Hettie, Goslee

Cause of Death { Primary General Debility
 Immediate

How long sick

11 months

Accident, Suicide, Homicide

Reported by A. L. Seabear 1/34

Address Wardela Spring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full

Certificate of Death

Thomas Johnson

Town

County

Died at Salisbury Wicomico

MARYLAND

Date 1907 March 10 Age 85 Native of Md Occupation Carpenter

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Elijah Johnson Harriet

Cause of Death Primary Andden

How long sick

Death Immediate Probably Heart Failure Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70804



Name in Full

Certificate of Death

William Mitchell

Town

County

Died *Quantico**Wicomico*

MARYLAND

Date *1902* *March* *7* Y *61* M *—* D *—* Native of *Quantico District Farmer* Occupation *Farmer*

Male *Yes* White *Yes* Married *No* Widow *No* Divorced *No*

Female *No* Colored *No* Single *No* Widower *No* Number of children living *2*

Husband of *Wife dead*

Father's Name *John*

Mother's Name *Betsy*

Cause of

Primary

How long sick

Death

Immediate

Dropsy with Heart failure

Accident, Suicide, Homicide

Reported by *Wm H H Dashiell M.D.*

Address *Quantico Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

[Handwritten signature]



Name in Full

Certificate of Death

Roland Palk

Town

County

Died at

Blum

Mcnamis

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1902

3

26

Age

3

6

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John

Palke

Mother's

Name

Neomi

Palk

Cause of

Primary

Death

Immediate

How long sick

Six months

Accident, Suicide, Homicide

Reported by

E. A. Deaton

Undertakes

Address

Maryland

Mei

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Harland Burton Smith
 Town *Delmar* County *Tricornico*

Died at

MARYLAND

Date *1902* Month *3* Day *27* Age *27* Y. *10* M. *1* D. *1* Native of *Maryland* Occupation *Laborn*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Widower ☐ Number of children living *None*

Husband of *Amie E Smith*
 Wife of *Amie E Smith*
 Father's Name *Daniel Smith* Mother's Name *Sallie E Smith*

Cause of Death { Primary *Bright's Disease* How long sick *5 1/2 months*
 Immediate *Heart Failure* Accident, Suicide, Homicide ☐

Reported by *James* *Brayshaw M.D.*
 Address *Delmar Delaware*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hellie Pearl Taylor

Town

County

Died at

Thoyland

Mcovine

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

3

10

Age

5-9 14

md

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of
Wife

Father's

Name

Jemuel P Taylor

Mother's

Name

Hester L Taylor

Cause of

Primary

Death

Immediate

Typhoid Fever
E. A. Denson

How long sick

2 weeks

Accident, Suicide, Homicide

Reported by

Address

Thoyland md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



no name

Died at ^{Town} East of Salisbury ^{County} Wicomico MARYLAND

Date 19 02 ^{Month} Mar ^{Day} 27 ^{Age} 6 ^{Native of} Md ^{Occupation}

Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Wesley Trader Mother's Maiden Name Lizzie Hammond

Cause of Death { Primary Whooping cough
Immediate

How long sick 4 weeks
Accident, Suicide, Homicide

Reported by D C Hallaway & Co Undertakers
Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Martha Truitt

Died at ^{Town} Powellville ^{County} Wicomico MARYLAND

Date ~~1899~~ 1902 ^{Month} 8 ^{Day} 9 ^{Y.} 8 ^{M.} ^{D.} ^{Native of} Maryland ^{Occupation}

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower ~~Number of children living~~

Husband
of
Wife

Father's Name Mother's Name

Cause of Death { ^{Primary} ^{Immediate} Whooping Cough ^{How long sick} 4 weeks

Accident, Suicide, Homicide

Reported by L. J. Rame

Address Powellville md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ellanora Tubbs

Town

County

Died at Salisbury Wicomico

MARYLAND

Date 1962 Dec 18 Age 24 Native of Md Occupation Homemaker

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living 1

Husband of Elmore Tubbs

Wife

Father's Name Painter Elliott Mother's Maiden Name

Cause of Death Primary Consumption How long sick 7 months

Immediate Accident, Suicide, Homicide

Reported by

G. M. Clemons M.D.

Address

Salisbury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



John E. R. Webb

Town

County

MARYLAND

Died at

New hope

Wicomico

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mch

2

Age

7

—

Male

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

John H. Webb

Mother's

Maiden Name

Mary E. Webb.

Cause of

Primary

How long sick

5 weeks

Death

Immediate

Pneumonia

93

Accident, Suicide, Homicide

Reported by

J. R. Farlow

undertaker

Address

Pittersville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Sarah A West
Town Salisbury County Wicomico

MARYLAND

Date 1902

Month Day

Mar 23

Y. M. D.

Age 80 or 85?

Native of

Md

Occupation

Housewife

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

5

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Isaac West

Harry West

not known

Bronchitis
not known (General Failure)

How long sick

3 weeks

~~Accident, Suicide, Homicide~~

Reported by

Geo. W. Todd

Address

Salisbury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

